


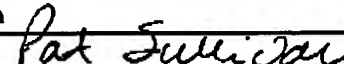
FACSIMILE: (303) 740-6962

SEP 25 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	10/038,933	
	Filing Date	January 4, 2002	
	First Named Inventor	Rohan Coelho	
	Art Unit	3626	
	Examiner Name	Glass, Russell S.	
Total Number of Pages in This Submission	22	Attorney Docket Number	42390P11783

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 25, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan		
Signature		Date	September 25, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

SEP 25 2006

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	10/038,933
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 4, 2002
		First Named Inventor	Rohan Coelho
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Glass, Russell S.
		Art Unit	3626
		Attorney Docket No.	42390P11783

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	24	- 27*	0	x	50.00	=	\$0.00
Independent Claims	3	- 4*	0	x	200.00	=	\$0.00
Multiple Dependent						=	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25			Claims in excess of 20
1201	2201	200	100			Independent claims in excess of 3
1203	2203	360	180			Multiple Dependent claim, if not paid
1204	2204	750	395			**Reissue independent claims over original patent
1205	2205	300	150			**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)						(S) 0.00

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	2051	130	65			Surcharge - late filing fee or oath
1052	2052	50	25			Surcharge - late provisional filing fee or cover sheet
2053	2053	130	130			Non-English specification
1251	2251	120	60			Extension for reply within first month
1252	2252	450	225			Extension for reply within second month
1253	2253	1,020	510			Extension for reply within third month
1254	2254	1,590	795			Extension for reply within fourth month
1255	2255	2,160	1,080			Extension for reply within fifth month
1401	2401	500	250			Notice of Appeal
1402	2402	500	250			Filing a brief in support of an appeal
1403	2403	1,000	500			Request for oral hearing
1451	2451	1,510	1,510			Petition to institute a public use proceeding
1460	2460	130	130			Petitions to the Commissioner
1807	1807	50	50			Processing fee under 37 CFR 1.17(a)
1808	1808	180	180			Submission of Information Disclosure Stmt.
1809	1809	750	395			Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	750	395			For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)						
SUBTOTAL (2)						(S) 180.00

Fee Paid

180.00

(S) 180.00

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515
Signature	<i>Ashley R. Ott</i>	Telephone	(303) 740-1980
		Date	09/25/06

Based on PTO/3517 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
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